. , M	19200Ki I	MAISION OF HEALIH – STANDARD CERTIFICATE OF DEATH $-65-046$	445
DO NOT WRITE		Registration District No. Primary Registration District No. 3020 Registrar's No. 270 STATE FILE NUMBE	R
ON THIS STUB	AMENDED	<u>FILED JAN 2 1963</u>	
1			dence before
VS 300			admission)
Rev. 4/59	2	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR	nside Limits
J	AMENDED	TOWN Mashinaton 79 ws. 10km/1/2 shinaton	es 🔀 No 🗆
10.365		c. FULL NAME OF (If NO) in bosolid give location) / a Inside Limits d. STRFE! (Moutside, give location) Re	side on Farm
	DATE	HOSPITAL OR HISTITUTION OF THE CALL OF THE PARTY OF THE P	es 🗆 No 🗶
20365		- Skatura Hogana	
3 2	1111	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print)	Year
		Leland P Bihr DEATH DEATH DEATH DEC 26 19	762
4 0			UNDER 24 HR
5 0		Male White Widowed Divorced 5/18/1883 79 Mostly Day H	lours Min.
2		10s. USUAL OCCUPATION (Give ting) of work done 10b. KIND OF BUSINESS OR INDUSTRY 11./ BIRTHPLACE (City and state or country) 12. CITIZEN OF WHY	AT COUNTRY
6 8		during good of your king life light if retired)	1
7		138. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
	31 1	I then I so it is the then the second is the	,
8 . I	1 1 1 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 17. INFORMANT Address /	
		(Yes, no granknown) (If yes, give war or dates of service	- 7/
9500X	보	1 18 CALISE OF DEATH (Foter only one cause per line for	VALAETWEEN
10	⁴	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	AND DEATH
S	[IMMEDIATE CAUSE (a) (MUMINIALLY CHOMIC)	any
11	3161 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: ONSET ONSET ON SET	ž
12 2 - 2	× ∰	Conditions, if any, DUE TO (b) COURT OF CONTROL CONTRO	
<u> </u>	INST	which gave rise to above cause (a),	
13 5 - 0 F	╘╞┼┼┼┼	stating the under- lying cause last.] DUE TO (c)	
	ː	2 " PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH but not related to the terminal PART III if deceased was	female was
٥		disease condition given in PART (a) throws of following there a pregnancy	
ا ا	<u> </u>	a desere Derica delle, number selecosio	☐ Unknown
N	<u> </u>	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DECRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of it	item 18.)
إِحْ		PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE 20b. DECRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II of i	
- I	Į	ZOc. TIME OF Hour Month, Day, LYear	<u> </u>
	{	NJURY a.m.	
RIBBON			STATE
		20d. INJURY OCCURRED WHILE AT WORK 100	JIMIE
<u> </u>			To the
BLACK INK OR RITER RIBBG	READ	21. I attended the deceased from Lew 9, 1962, to Lew Height Stand last saw him alive on Lew 26,	762
8 2	ا ا ۵	Death occurred at	s stated.
USE BLAC OR IYPEWRITER	SHOULD	22a. SIGNATUR (Degree or title) 22b. ADDRESS 22c.	c. DAIE SIGNED
_ → — —	오 오	To much M.D. Gotten Grankon Mis 1	2/2011
	1 1 1 1	230. NAME OF CEMETERY, OR CREMMONY 23d. LOCATION (City, town, or county)	7-9/62
1	Ö	233 OURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) 24. FUHERAL DIRECTOR 24. FUHERAL DIRECTOR 25. DATE RECD. BY JOSAN & SIGNATURE	(0.000)
I		II. 1717) L. A. A. V. III. III. IVII. IVII. IVII. IVII. IVIVAANETI. OMI OJASIN IA IA ARAMANA NA ARAMANA IRA JAAN	10011 1
	Z	ADDOC ANTE DELL'A DE DATE DELL'A DE L'AL DELL'A DEL	~ M.L.
	E S	21. FUNERAL DIRECTOR. ADDRESS 25. DATE RECD. BY JOSAL REG. 26. REGISTAR'S SIGNATURE	· ·
	TEM N	24. FUMERAL DIRECTOR. ADDRESS : ADDRESS : SIGNATURE 25. DATE RECD. BY MODAL REG. 26. REGISTAR'S SIGNATURE 26. PLANTING 12/29/62 Lula C I fuil ma	~~~

STATEMENT BY LICENSED EMBALMER

1 here	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No.
working und	er my personal supervision.	1/1/1//
Student	Signature of Student Embalmer	_ Signed ester N. Utt
•	1	Licensed Embalmer No. 3254
	• •	P. O. Add Washington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.